

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$85.00 for date of service, 11/23/01.
- b. The request was received on 07/08/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. Initial TWCC 60
 1. HCFA(s)
 2. EOBs
 - b. Additional documentation requested on 07/15/02 and received on 07/30/02
 1. Position Statement
 2. Copy of page 254 of the Medical Fee Guideline
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

2. Respondent, Exhibit II:

Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 08/02/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 08/05/02. The response from the insurance carrier was received in the Division on 08/19/02. Based on 133.307 (i) the insurance carrier's response is untimely so the Commission shall issue a decision based on the request.

3. Notice of Letter Requesting Additional Information is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 07/23/02

"The disputed issue is that the Carrier has denied the claim stating duplicate. We resubmitted the claim for reconsideration, as this is not a duplicate charge. The Carrier again denied the claim stating the same... We are enclosing all information regarding this case. Please intervene on our behalf and determine who is responsible for the bill, the Carrier or the patient. I am also requesting that the Carrier be required to pay interest

on these outstanding claims and that administrative sanctions be placed against them including orders to cease their illegal payment practices.”

2. Respondent: The response was not timely and consequently not eligible for review.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 11/23/01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor’s Table of Disputed Services, the Requestor billed the Carrier \$85.00 for services rendered on the date above.
4. Per the Requestor’s Table of Disputed Services, the Carrier paid the Requestor \$0.00 for services rendered on the date above.
5. Per the Requestor’s Table of Disputed Services, the amount in dispute is \$85.00 for services rendered on the date of service in dispute above.
6. The Requestor has submitted the Carrier’s EOB that states, “D- DUPLICATE CHARGE”. It would appear there are no initial EOBs available for review. Therefore, CPT Code E1399 will be reviewed as an “F” denial.
7. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
11/23/01	E1399	\$85.00	\$0.00	D	DOP	MFG; DME Ground Rules (IX)	<p>The Requestor has submitted the Carrier’s EOB that states, “D- DUPLICATE CHARGE”. It would appear there are no initial EOBs available for review. Therefore, CPT Code E1399 will be reviewed as an “F” denial.</p> <p>As Carrier response was untimely and the Requestor has provided documentation to support services billed, reimbursement in the amount of \$85.00 is recommended.</p>
Totals		\$85.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$85.00.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$85.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 3rd day of December 2002.

Denise Terry
Medical Dispute Resolution Officer
Medical Review Division
DT/dt